(4) the difference between the moral insensibility of the accidental and occasional is greater than that between the occasional and professional; (5) the difference between the physical insensibility of the accidental and occasional is less than that between the occasional and professional; (6) the parallel between the physical and moral insensibility of the three classes, although definite, is not exact; (7) the influence of education on moral or physical insensibility appears to be unimportant; (8) crimes against the person, commonly passion crimes, have least moral and physical insensibility; (9) crimes against distant property, commonly intellect crimes, have more moral than physical insensibility; (10) crimes against near property, sexual crimes, have still more moral than physical insensibility; (11) the influence of age on moral and physical insensibility is negative; (12) sensation is impaired in the criminal,—that is, the number of conscious elements are less than in the normal human adult; that is the number of perceptions possible to the criminal are less, and so the ideas of the criminal as less than in the mind of the normal human adult. A mind lacking in ideas is a mind presenting some enfeeblement; the evidence of this enfeeblement is commonly expressed in the criminal by deficient moral sensibility. JELLIFFE.

La Nouvelle Iconographie de la Salpêtrière.

May, June, 1901.

1. Cerebral Tumor (Histologic and Pathogenetic Study). ERNEST DUPRE and A. DEVAUX.
2. Dermographism in Epileptics with Intestinal Parasites. M. LANNOIS.
3. Venous Naevi and Hysteria. CH. BINET-SANGLE and LEON VANNIER.
4. Delirium Produced by Mental Introspection. VASCHIDE and VURPAS.
5. The Deformities of the Central Nervous System in Spinal Bifida. SOLOVTZOFF.
6. Contribution to the Study of Hypertrichosis as an Anatomical Element of Degeneration. LUCIEN MAYET.
7. A "Possessed" of Reubens. The Transfiguration of the Museum of Nancy. JEAN HEITZ.

1. *Cerebral Tumor.*—The purpose of this detailed study is as follows: To present some considerations upon the histopathology of meningeal endothelioma of the brain and to propose a new hypothesis to explain the physiology of the symptoms due to it. This hypothesis is not to replace those already advanced, but is to take a position among them. Clinical summary: Syndrome of cerebral tumor, headache, vertigo and vomiting, amnesia and dulness, progressive amblyopia and amaurosis from papillary atrophy, then epilepsy and slight local paresis, finally dementia, coma, and death. Autopsy: Voluminous spheroidal tumor, circumscribed, of the size of an orange, situated at the base of the left hemisphere and pressing against the orbital lobe, the insula, and the temporal pole. Histology: Arachnoidean endothelioma, concentric, with vascular spaces and angiomatous structure without calcification. Intense neuroglial sclerosis of the optic nerves. Slight diffuse cortical cellular lesions. In discussing the pathogenesis of this case, the writer first acknowledges that the intracranial circulatory disturbances and the increase of pressure can

account for the headache, vertigo, the papillary disturbances and blindness. These are mechanical agencies. Equally important with these is another factor which is of a toxic character. This is the impregnation of the cerebral substance with the products of malassimilation. The cellular toxines come from the neoplasm and are injected into the venous and lymphatic circulation of the brain. In other words, there is an intoxication of the cerebral substance by the cellular poisons of neoplasmic origin. This is the new factor before alluded to. In support of this assumption, analogous symptoms produced by other toxic diseases upon the brain are noted by the author, such as uremia and diabetes. The amblyopia, headache, vertigo, vomiting, the psychical symptoms, mental enfeeblement, epileptic crises, local pareses, and coma, are autotoxic in origin and are found likewise among the symptoms of cerebral origin which are produced by uremia and diabetes. The following conclusions are quoted by the author: (1) Patients with cerebral tumor present, in addition to the depression and to the diminution of intelligence, a peculiar mental state which constitutes the dominant psychopathic condition. This is a state of torpor, of psychical confusion, and of intellectual dulness to which may be added a state of mental decay; (2) meningeal endothelioma can present in addition to the calcareous degeneration, another degenerative process, constisting of an infiltration with a material which stains deeply with eosin, and causes cell retraction. This is a form of hyaline degeneration. It is not limited to meningeal endotheliomata, but is found in the pacchionian granulations and in the meningeal false membranes. It shows always a predilection for the peri- and paravascular zones; (3) The cortical cell lesions are the following: Cellular atrophy in the convolutions, a result of direct compression. In the convolutions indirectly compressed swelling of the cells with peripheral chromatolysis and eccentric position of the nucleus; (4) in the pathogenesis of cerebral tumors, in addition to the encephalic compression which, without doubt, plays an important rôle, it is necessary to give an important place to the action of the toxic products secreted by the new growth. These act upon the nervous elements. In favor of this hypothesis are certain histopathologic facts (alterations of the cortical cells and of the optic nerves, comparable to toxic infectious diseases), and anatomic facts (the widely extended lymphatic and blood communications of the neoplasm with the brain, which permit an impregnation of the cerebral tissue with the toxines which emanate from the pathologic focus), and finally clinical facts (analogy in clinical symptoms between cerebral tumors and the toxic encephalophathies such as uremia, diabetes and lead poisoning). The encephalic intoxication should thus take its place among the pathological factors (compression, irritation, vascular phenomena) which are invoked to explain the symptoms produced by cerebral tumors.

2. *Dermographism in Epileptics.*—The cutaneous manifestations of epilepsy are not rare, but usually they are only of secondary interest. Most often they result from drugs, and the most usual form is a bromide eruption. Vasomotor disturbances are sometimes met with of the most varied kind. Dermographism is among the most common, and Féré has noted it as among the less important signs of epilepsy. These two cases are noted by the author. (1) Oxyuria since infancy. Urticaria and the dermographism since the age of thirteen. Beginning of epilepsy at age of twenty-four. (2) Epilepsy beginning at age of eleven. Hereditary epileptic history. Taenia at twenty years. Epileptiform attacks twenty-one years. Dermograph-

ism, very well marked. The article is illustrated by photographs which show the skin lesions very well.

3. *Venous Nevus and Hysteria.*—An account of a venous-nevus and hysteria, in a male, in whom various signs of degeneracy were found, among which were a diminution of the number and an alteration (hyperamœbism) of the neurones. The complexity of the reasoning, by which the author attempts to prove the rôle of amœbism of the neurones in the causation of this case renders an abstract impossible.

4. *Delirium due to Mental Introspection.*—Résumé of case: Woman aged forty-three years; since her youth she has been tormented by doubts and scruples. Exaggerated emotivity, with a tendency to self-analysis. She scrutinizes to the last detail her own states of conscience, questioning herself upon the moral value of her actions and thought thus doubting her sincerity. She accuses herself of imaginary faults. Incapable of understanding the conditions of association and the causes which underlie the perception of different mental acts, which impose themselves against her will upon her conscience, she asks herself if she is the tool of her imagination and her hypothesis, or, if some external force directs her thoughts. At times she is hypnotized, at other times she hypnotizes herself. As a result, ideas of auto-accusation. Probable hallucinations. A careful psychological study of the case, of which the above is a brief description, is given in this paper. The conclusion which the author states is that to live without studying oneself is the normal condition, and that introspection is usually destructive to the best activity of mental well-being.

5. *Deformities of Central Nervous System and Spinal Bifida.*—This is a very complete study based upon four cases of spina bifida and illustrated by numerous microphotographs and plates. The carefully detailed account of the author's findings does not permit of a brief abstract, but the following conclusions are a general summary of the author's results: (1) Spina bifida is sometimes accompanied by hydrops of the fourth ventricle, which carries with it an elongation of the fourth ventricle in the direction of the base; (2) hydrops of the fourth ventricle can cause a dislocation of the whole bulb in a direction towards the base; (3) Sometimes the bulb is displaced especially in its posterior part by the hydrops of the fourth ventricle and becomes suspended upon the spinal cord; (4) by the dislocation of the posterior part of the bulb it becomes divided into two halves, an anterior and a posterior half. Each one of these develops separately as far as the region where they become fused together, that is at the crossing of the sensory fibers.

6. *Hypertrichosis as a Sign of Degeneration.*—A description of a case of hypertrichosis in the lumbo-sacral region illustrated by photographs. The author believes that this is a sign of degeneration, and in this case it is one of many other evidences of this condition. Attention is called to the coexistence of hypertrichosis with a false spina bifida, and in this way it may become of considerable diagnostic importance. As to the pathogenesis, or rather the mechanism of the production of dorsal, sacral, or lumbar hypertrichosis, the author has little positive information to give. It is to be noted that this anomaly is only an exaggeration of the normal growth of hair which acquires the most marked development along the vertebral column, and especially at the level of the lumbar and sacral region. A very complete bibliography is included in this article. SCHWAB.